

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-11-00
O.I.P.E. CLASSIFIER		811 49	9/15/00
FORMALITY REVIEW	SL		10/16/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/11/04
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13	✓
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16	✓
17	✓
18	○
19	○
20	○
21	○
22	✓
23	✓
24	✓
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32	○
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here